CERTIFICATION OF WORK
**PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: MD002 Date of Visit: 5/7/19

Contractor Personnel on Site:

1. John Brown
2. _____
3. _____
4. _____

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 8464MO, 8480QT, 8509SA, 8541FQ, 8510SA, 8482QT, 8511SA, 8542FQ, 8512SA, 8543FQ
2. LIGHTING, REFREGERATOR, FREEZER, ICE MAKER, WATER HEATERS, POV LIGHTS,
3. BOILER EXP TANK, AIR HANDKERS, CONDENSING UNITS, DEHUMIDIFIER, FILTERS, SUMP PUMP,
4. FURNACE, AC UNIT DEHUMIDIFIER OUTDOOR
5. _____

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 5/7/19

Signed: _____

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SSG. Lawanda Wilson Date: 5/13/19

Signed: _____

E-Mail: _____

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
## LIGHTING, OUTSIDE

**SITE AND BLDG #:** MD002-B1

**MECHANIC SIGNATURE:** [signature]

**DATE:** 5/7/19

**LOCATION/RM #:** POV

**WO#** 8464 / 8480

**ASSET #** 1455 / 1503

**START TIME:** 0900

**FINISH TIME:** 1630

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| | **SPECIAL INSTRUCTIONS** | | | |
| 1 | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to. | ✓ | | |
| 2 | Schedule and coordinate work with operating personnel. | ✓ | | |
| 3 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | ✓ | | |
| | **TO BE PERFORMED AT EACH INSPECTION SERVICE** | | | |
| 1 | Open and tag switch. | ✓ | | |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | ✓ | | |
| 3 | Check for proper light operation. | ✓ | | |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | ✓ | | |
| 5 | Inspect light pole and mounting devices for deficiencies. | ✓ | | |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | ✓ | | |

Note: The technician shall perform any repairs identified during PM up to $250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding $250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be perfomed by: General Maintenance Worker

**Additional Notes:**

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## REACH-IN REFRIGERATORS/ FREEZERS

**SITE AND BLDG #:** MD002-B1

**MECHANIC SIGNATURE:** [signature] **DATE:** 5/7/19

**LOCATION/RM #:** **WO#** 8480 **ASSET #** 1495-1496

**START TIME:** 0900 **FINISH TIME:** 1630

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| | **SPECIAL INSTRUCTIONS** | | | |
| 1 | Review manufacturer's instructions. | ✓ | | |
| 2 | De-energize, lock out, and tag electrical circuits. | | | |
| 3 | If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance. | ✓ | | |
| 4 | If materials containing refrigerants are discarded, comply with EPA regulations as applicable. | ✓ | | |
| 5 | Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers. | ✓ | | |
| | **TO BE PERFORMED AT EACH INSPECTION SERVICE** | | | |
| 1 | Check with operating or area personnel for any deficiencies; verify cleaning program. | ✓ | | |
| 2 | Verify indicator light on; check compartment temperature. | ✓ | | |
| 3 | Examine evaporator for proper clearances/slope and air flow. | ✓ | | |
| 4 | Examine handles, hinges and tightness of door closure. | ✓ | | |
| 5 | Examine safety door release and fan shut down safety switch. | ✓ | | |
| 6 | Inspect lighting for burnt out lamps. | ✓ | | |
| 7 | Check starter panels and controls for proper operation, burned or loose contacts, and loose connections. | ✓ | | |
| 8 | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s). | ✓ | | |
| 9 | Clean condenser coil and condensing unit section. | ✓ | | |
| 10 | Clean and inspect defrost evaporation trays/pans. | ✓ | | |
| 11 | Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours | ✓ | | |
| 12 | Check operation of thermostats; calibrated as required. | ✓ | | |
| 13 | Check coil superheat and adjust to manufacturers recommendations. | ✓ | | |
| 14 | Inspect and service all electric motors. | ✓ | | |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| | | YES | NO | |
| 15 | Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil. | | | |
| 16 | Check door gasket heater. | | | |
| 17 | Check box floor for water or ice accumulation. | | | |
| 18 | Check box for excessive ice build- up and open seams. | | | |

Note: The technician shall perform any repairs identified during PM up to $250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding $250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be perfomed by: General Maintenance Worker

**Additional Notes:**

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## ICE MAKER

**SITE AND BLDG #:** MD002-B1

**MECHANIC SIGNATURE:** 

**DATE:** 5/7/19

**LOCATION/RM #:**

**WO#** 8480

**ASSET #** 1497

**START TIME:** 0900

**FINISH TIME:** 1630

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| | **SPECIAL INSTRUCTIONS** | | | |
| 1 | Review manufacturer's instructions. | ✓ | | |
| 2 | De-energize, lock out, and tag electrical circuits. | ✓ | | |
| 3 | If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance. | ✓ | | |
| 4 | If materials containing refrigerants are discarded, comply with EPA regulations as applicable. | ✓ | | |
| 5 | Only approved cleaning chemicals shall be used. | ✓ | | |
| | **TO BE PERFORMED AT EACH INSPECTION SERVICE** | | | |
| 1 | Check with operating or area personnel for any deficiencies; verify cleaning program. | ✓ | | |
| 2 | Visually check for refrigerant, oil and water leaks. | ✓ | | |
| 3 | Inspect ice condition/size. | ✓ | | |
| 4 | As needed, drain and clean unit with proper ice machine cleaning solution. | ✓ | | |
| 5 | Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum. | ✓ | | |
| 6 | Check and tighten any loose screw-type electrical connections. | ✓ | | |
| 7 | Check all controls; adjust if necessary. | ✓ | | |
| 8 | Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment. | ✓ | | |
| 9 | Check and clear ice machine draining system (drain vent, strainer, trap). | ✓ | | |
| 10 | Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition. | ✓ | | |
| 11 | Clean motor, compressor, and condenser coil. | ✓ | | |

Note: The technician shall perform any repairs identified during PM up to $250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding $250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

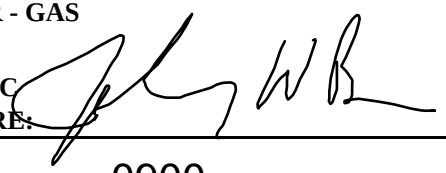
To be perfomed by: General Maintenance Worker

**Additional Notes:**

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## DOMESTIC HOT WATER HEATER - GAS

**SITE AND BLDG #:** MD002-B1

**MECHANIC SIGNATURE:**  **DATE:** 5/7/19

**LOCATION/RM #:** RM118 **WO#** 8480 **ASSET #** 1498-1500

RM113 1501-1502

**START TIME:** 0900 **FINISH TIME:** 1630

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| | **SPECIAL INSTRUCTIONS** | | | |
| 1 | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to. | ✓ | | |
| 2 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | ✓ | | |
| 3 | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak. | ✓ | | |
| 4 | Do not allow any open flames around equipment. | ✓ | | |
| | **TO BE PERFORMED AT EACH INSPECTION SERVICE** | | | |
| 1 | Attach drain hose. Drain several gallons from tank to remove sediment. | ✓ | | |
| 2 | Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge. | ✓ | | |
| 3 | Check all connections - electric, gas and water. Tighten as necessary. | ✓ | | |
| 4 | Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses. | ✓ | | |
| 5 | Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank. | ✓ | | |
| 6 | Clean sight glasses on tanks. | ✓ | | |
| 7 | Clean strainer, check condition of traps. Report and repair leaks. | ✓ | | |
| 8 | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required. | ✓ | | |
| 9 | If applicable, Remove and inspect Anode, replace if necessary | ✓ | | |
| 10 | Clean up work area and remove trash. | ✓ | | |

Note: The technician shall perform any repairs identified during PM up to $250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding $250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be perfomed by: General Maintenance Worker

**Additional Notes:**